

DX:
RECEIPT:
DATE IN:
DATE OUT:

OFFICE OF THE COUNTY VETERINARIAN
5555 OVERLAND AVENUE, BLDG. 4 M.S. O-525
SAN DIEGO CA 92123-1274
(858) 694-2838 PHONE (858) 571-4268 FAX

Species: _____
Age: _____

Breed: _____
Sex: _____

CHECK THE BOX BELOW OF THE TYPE OF SERVICE REQUESTED:

☐ **NECROPSY:** Date of death _____ Euthanized _____ or Died _____

☐ **CULTURE & SENSITIVITY:** Site of sample _____
Date sample taken: _____

☐ **PSITTACOSIS PCR & NEWCASTLE ISOLATION:**

☐ **RABIES** (Fill in if animal has bitten a person in the last 15 days)

Name of victim:

Date of birth or age (victim):

Date of bite:

Location on body:

Date of animal's last rabies vaccine:

Exposure to other animals:

Date of death:

Euthanized _____ Died _____

***Victim's physician's Name: _____ and phone: _____

*****FAILURE TO PROVIDE PHYSICIAN INFORMATION MAY DELAY RECEIPT OF RESULTS*****

☐ **SEROLOGY:** (Please specify)

☐ **PCR:** (Please specify)

☐ **PARASITES:**

☐ **OTHER:**

NAME: _____

FILL IN IF YOU WANT A 2ND COPY MAILED TO ANOTHER PARTY:

PHONE: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY & ZIP: _____

CITY & ZIP: _____

FAX NO: _____

FAX NO: _____

EXTRA FEE FOR RETURN OF BODY: \$20.00

DELIVERED/SUBMITTED BY:

SAVE BODY YES NO *No animal weighing more than 80 lbs will be returned*

*****THIS MUST BE FILLED IN FOR NECROPSIES*****

Briefly describe clinical signs and pertinent case history prior to the animal's death:

What would you like us to look for or rule out?

Has the animal been vaccinated in the past year, and if so, with what?

List any clinical test results obtained or pending prior to the animal's death: